

10/04/9843

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	11	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	11 minus 20 =	*
INDEPENDENT CLAIMS	2 minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT	1	<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

6-2-04 **CLAIMS AS AMENDED - PART II**

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	11	Minus	37 = 27
Independent	2	Minus	2 = 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

SMALL ENTITY TYPE		OTHER THAN SMALL ENTITY	
RATE	FEES	RATE	FEES
BASIC FEE	370.00	OR BASIC FEE	890
X\$ 9=		OR X\$18=	
X42=		X84=	
+140=		+280=	
TOTAL		OR TOTAL	890

SMALL ENTITY		OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	486
X42=		X84=	
+140=		+280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	486

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	37	Minus	37 = 0
Independent	2	Minus	2 = 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

AMENDMENT B		AMENDMENT C	
RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X42=		X84=	
+140=		+280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	*
Independent	*	Minus	*
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

AMENDMENT C		AMENDMENT D	
RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X42=		X84=	
+140=		+280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

BEST AVAILABLE COPY

Best Available Copy

U.S. APPLICATION NO. 10/049843		INTERNATIONAL APPLICATION NO. PCT/DE00/02084	ATTORNEY'S DOCKET NO. 4001-1023																									
CALCULATIONS PTO USE ONLY																												
<p>17. <input checked="" type="checkbox"/> The following fees are submitted:</p> <p>BASIC NATIONAL FEE (37 CFR 1.492(a)(1)-(5)): Neither international preliminary examination fee (37 CFR 1.482) nor international search fee (37 CFR 1.445(a)(2)) paid to USPTO and International Search Report not prepared by the EPO or JPO \$ 1,040.00</p> <p>International preliminary examination fee (37 CFR 1.482) not paid to USPTO but International Search Report prepared by the EPO or JPO \$ 890.00</p> <p>International preliminary examination fee (37 CFR 1.482) not paid to USPTO but international search fee (37 CFR 1.445(a)(2)) paid to USPTO \$ 740.00</p> <p>International preliminary examination fee (37 CFR 1.482) paid to USPTO but all claims did not satisfy provisions of PCT Article 33(1)-(4) \$ 710.00</p> <p>International preliminary examination fee (37 CFR 1.482) paid to USPTO and all claims satisfied provisions of PCT Article 33(1)-(4) \$ 100.00</p>																												
ENTER APPROPRIATE BASIC FEE AMOUNT = \$ 890.00																												
<p>Surcharge of \$130.00 for furnishing the oath or declaration later than months from the earliest claimed priority date (37 CFR 1.492(e)).</p>																												
<table border="1"> <thead> <tr> <th>CLAIMS</th> <th>NUMBER FILED</th> <th>NUMBER EXTRA</th> <th>RATE</th> <th>\$</th> </tr> </thead> <tbody> <tr> <td>Total claims</td> <td>11 - 20 =</td> <td>0</td> <td>X \$18.00</td> <td>\$</td> </tr> <tr> <td>Independent claims</td> <td>2 - 3 =</td> <td>0</td> <td>X \$84.00</td> <td>\$</td> </tr> <tr> <td colspan="3">MULTIPLE DEPENDENT CLAIMS(S) (if applicable)</td> <td>+ \$280.00</td> <td>\$</td> </tr> <tr> <td colspan="4">TOTAL OF ABOVE CALCULATIONS =</td> <td>\$ 890.00</td> </tr> </tbody> </table>				CLAIMS	NUMBER FILED	NUMBER EXTRA	RATE	\$	Total claims	11 - 20 =	0	X \$18.00	\$	Independent claims	2 - 3 =	0	X \$84.00	\$	MULTIPLE DEPENDENT CLAIMS(S) (if applicable)			+ \$280.00	\$	TOTAL OF ABOVE CALCULATIONS =				\$ 890.00
CLAIMS	NUMBER FILED	NUMBER EXTRA	RATE	\$																								
Total claims	11 - 20 =	0	X \$18.00	\$																								
Independent claims	2 - 3 =	0	X \$84.00	\$																								
MULTIPLE DEPENDENT CLAIMS(S) (if applicable)			+ \$280.00	\$																								
TOTAL OF ABOVE CALCULATIONS =				\$ 890.00																								
<p>Reduction of $\frac{1}{2}$ for filing by small entity, if applicable. Applicant claims Small Entity Status under 37 CFR 1.27.</p>																												
SUBTOTAL = \$ 890.00																												
<p>Processing fee of \$130 for furnishing the English translation later than months from the earliest claimed priority date (37 CFR 1.492(f)).</p>																												
TOTAL NATIONAL FEE = \$ 890.00																												
<p>6/2000 Federal Recording fee \$25.00 (Assignment 100/39843). The assignment must be accompanied by an assignment affidavit sheet \$25.00 (37 CFR 1.28, 8.19). \$40.00 per property</p>																												
TOTAL FEES ENCLOSED = \$ 930.00																												
<table border="1"> <tr> <td colspan="2"></td> <td>Amount to be refunded:</td> </tr> <tr> <td colspan="2"></td> <td>charged:</td> </tr> </table>						Amount to be refunded:			charged:																			
		Amount to be refunded:																										
		charged:																										
a. <input checked="" type="checkbox"/>	A check in the amount of <u>\$ 930.00</u> to cover the above fees is enclosed.																											
b. <input type="checkbox"/>	Please charge my Deposit Account No. 25-0120 in the amount of \$ to cover the above fees. A duplicate copy of this sheet is enclosed.																											
c. <input checked="" type="checkbox"/>	The Commissioner is hereby authorized to charge any additional fees which may be required by 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 25-0120 . A duplicate copy of this sheet is enclosed.																											
<p>SEND ALL CORRESPONDENCE TO:</p> <p>YOUNG & THOMPSON 745 South 23rd Street 2nd Floor Arlington, VA 22202 (703) 521-2297 Facsimile (703) 685-0573 Customer Number: 000466</p> <p>February 19, 2002</p> <p>By <u>Benoit Castel</u> Benoit Castel Attorney for Applicant Registration No. 35,041</p>																												